

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026530
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **93**

Primary Registration District No. _____

Registrar's No. **62-49**

FILED JUL 31 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Dade**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Lockwood**

Length of stay in 1b
27 da.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Lockwood Mem. Hosp.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2633 1/2 Olive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
NORA

Middle
LEE

Last
PICKETT

4. DATE OF DEATH

Month
July

Day
24

Year
1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
5/4/86

9. AGE (last birthday)
76

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
nursing- arsenal

10b. KIND OF BUSINESS OR INDUSTRY
nursing home

11. BIRTHPLACE (City and state or country)
Putnam Co., Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Henry I. McCune

13b. MOTHER'S MAIDEN NAME

Sarah Jane

14. NAME OF HUSBAND OR WIFE

Mr. Logan Pickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT

Address

Mrs. Jesse Primmer, Golden City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adeno carcinoma of liver (metastatic)

INTERVAL BETWEEN ONSET AND DEATH
6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adenocarcinoma of rectum.

2 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 27, 1962** to **July 24, 1962** and last saw her alive on **June 24, 1962**
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond A. Carlson D.O.

22b. ADDRESS

403 Main St Golden City, Mo.

22c. DATE SIGNED

7-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

7/26/62

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Golden City, Mo.

24. FUNERAL DIRECTOR

Phillips Funeral Home

ADDRESS

Golden City

25. DATE RECD. BY LOCAL REG.

7/28/1962

26. REGISTRAR'S SIGNATURE

J. C. Canada

USE BLACK INK

OR TYPEWRITER RIBBON

Raymond A. Carlson, D.O.

AUG 8 1962

SEP 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. P. Rugh

Licensed Embalmer No.

3278

P. O. Address

Golden City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.